

## PRODUCER

MARSH USA INC.  
SUITE 400  
1255 23RD STREET, N.W.  
WASHINGTON, DC 20037  
Attn: SHARON HENNING 202 263 7600

500625-OPROF-ONLY-

## INSURED

MAXIMUS, INC. AND ALL SUBSIDIARIES  
11419 SUNSET HILLS ROAD  
RESTON, VA 20190

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

## COMPANY

A FEDERAL INSURANCE CO

## COMPANY

B TWIN CITY FIRE INSURANCE COMPANY

## COMPANY

C AMERICAN INTERNATIONAL SPECIALTY LINES

## COMPANY

D HARTFORD INSURANCE CO. OF THE MIDWEST

## COVERAGES

This certificate supersedes and replaces any previously issued certificate.

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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR                   | TYPE OF INSURANCE                                      |   | POLICY NUMBER                        | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |              |
|--------------------------|--|---|--------------------------------------|----------------------------------|-----------------------------------|--|--------------|
| A                        | GENERAL LIABILITY                                      |   | 3537-42-97                           | 05/01/06                         | 05/01/07                          | GENERAL AGGREGATE  | \$ 2,000,000 |
|                          | <input checked="" type="checkbox"/>                    | COMMERCIAL GENERAL LIABILITY                          |                                      |                                  |                                   | PRODUCTS - COMP/OP AGG   | \$ 2,000,000 |
|                          | <input type="checkbox"/>                               | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |                                      |                                  |                                   | PERSONAL & ADV INJURY  | \$ 1,000,000 |
|                          | <input type="checkbox"/>                               | OWNER'S & CONTRACTOR'S PROT                           |                                      |                                  |                                   | EACH OCCURRENCE  | \$ 1,000,000 |
|                          | <input type="checkbox"/>                               |   |                                      |                                  |                                   | FIRE DAMAGE (Any one fire)   | \$ 1,000,000 |
|                          | <input type="checkbox"/>                               |   |                                      |                                  |                                   | MED EXP (Any one person)   | \$ 10,000    |
|                          | <input type="checkbox"/>                               |   |                                      |                                  |                                   |  |              |
| A<br>A                   | AUTOMOBILE LIABILITY                                   |   | 74978992 (AOS)<br>74978994 (VA)      | 05/01/06<br>05/01/06             | 05/01/07<br>05/01/07              | COMBINED SINGLE LIMIT  | \$ 1,000,000 |
|                          | <input checked="" type="checkbox"/>                    | ANY AUTO  |                                      |                                  |                                   | BODILY INJURY (Per person)   | \$           |
|                          | <input type="checkbox"/>                               | ALL OWNED AUTOS                                       |                                      |                                  |                                   | BODILY INJURY (Per accident)   | \$           |
|                          | <input type="checkbox"/>                               | SCHEDULED AUTOS                                       |                                      |                                  |                                   | PROPERTY DAMAGE  | \$           |
|                          | <input type="checkbox"/>                               | HIRED AUTOS   |                                      |                                  |                                   |  |              |
| <input type="checkbox"/> | NON-OWNED AUTOS  |   |                                      |                                  |                                   |  |              |
| <input type="checkbox"/> |  |   |                                      |                                  |                                   |  |              |
| <input type="checkbox"/> |  |   |                                      |                                  |                                   |  |              |
|                          | GARAGE LIABILITY                                       |   |                                      |                                  |                                   | AUTO ONLY - EA ACCIDENT  | \$           |
|                          | <input type="checkbox"/>                               | ANY AUTO  |                                      |                                  |                                   | OTHER THAN AUTO ONLY:  |              |
|                          | <input type="checkbox"/>                               |   |                                      |                                  |                                   | EACH ACCIDENT  | \$           |
|                          | <input type="checkbox"/>                               |   |                                      |                                  |                                   | AGGREGATE  | \$           |
|                          | EXCESS LIABILITY                                       |   |                                      |                                  |                                   | EACH OCCURRENCE  | \$           |
|                          | <input type="checkbox"/>                               | UMBRELLA FORM   |                                      |                                  |                                   | AGGREGATE  | \$           |
|                          | <input type="checkbox"/>                               | OTHER THAN UMBRELLA FORM                              |                                      |                                  |                                   |  | \$           |
|                          | <input type="checkbox"/>                               |   |                                      |                                  |                                   |  |              |
| B<br>D                   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY          |   | 10WBRMF5811 (WI)<br>10WNMF5810 (AOS) | 05/01/06<br>05/01/06             | 05/01/07<br>05/01/07              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |              |
|                          | THE PROPRIETOR/<br>PARTNERS/EXECUTIVE<br>OFFICERS ARE: | <input checked="" type="checkbox"/> INCL              |                                      |                                  |                                   | EACH ACCIDENT  | \$ 1,000,000 |
|                          |  | <input type="checkbox"/> EXCL                         |                                      |                                  |                                   | DISEASE - POLICY LIMIT   | \$ 1,000,000 |
|                          |  |   |                                      |                                  |                                   | DISEASE - EACH EMPLOYEE  | \$ 1,000,000 |
| C                        | OTHER<br>PROFESSIONAL LIAB                             |   | 006268919                            | 05/01/06                         | 05/01/07                          | 1,000,000  |              |

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: CONTRACT NO. SCC060004, MEDICAL MANAGEMENT CONSULTANTS  
THE STATE OF ARIZONA, ITS DEPARTMENTS, AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES AND ITS OFFICERS, OFFICIALS, AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED FOR GENERAL LIABILITY WITH RESPECT TO LIABILITY ARISING OUT OF THE ACTIVITIES PERFORMED BY OR ON BEHALF OF THE CONTRACTOR.

## CERTIFICATE HOLDER

CLE-001475104-01

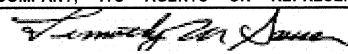
## CANCELLATION

ARIZONA HEALTH CARE COST CONTAINMENT SYS  
801 EAST JEFFERSTON STREET, MD 5700  
PHOENIX, AZ 85304

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURANCE COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Timothy M. Sasser



DO NOT SEND TO IRS

Vendor MUST Print  
or Type Information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
Or Type Information

• Taxpayer Identification Number (TIN)

541 00 0588

• TIN  
Type☒ Employer Identification Number (EIN)  
☐ Social Security Number (SSN)• State of Arizona HRIS EIN  
State of Arizona Employees ONLY

• Legal Name

Must match TIN above

MAXIMUS, Inc.

• Entity Type Select one of the following

- ☒ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership, LLP (5T)  
☐ Individual/Sole Proprietor (6I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (5C)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other Non-Tax-Exempt Entity (5P)

• Minority Business Indicator Select one of the following

- ☐ Small Business (01)  
☐ Small Business – African American (23)  
☐ Small Business – Asian (24)  
☐ Small Business – Hispanic (25)  
☐ Small Business – Native American (27)  
☐ Small Business – Other Minority (05)  
☐ Small, Woman Owned Business (06)  
☐ Small, Woman Owned Business – African American (29)  
☐ Small, Woman Owned Business – Asian (30)  
☐ Small, Woman Owned Business – Hispanic (31)  
☐ Small, Woman Owned Business – Native American (33)  
☐ Small, Woman Owned Business – Other Minority (11)  
☐ Woman Owned Business (03)  
☐ Woman Owned Business – African American (17)  
☐ Woman Owned Business – Asian (18)  
☐ Woman Owned Business – Hispanic (19)  
☐ Woman Owned Business – Native American (21)  
☐ Woman Owned Business – Other Minority (08)  
☐ Minority Owned Business – African American (17)  
☐ Minority Owned Business – Asian (32)  
☐ Minority Owned Business – Hispanic (74)  
☐ Minority Owned Business – Native American (15)  
☐ Minority Owned Business – Other Minority (02)  
☐ Non-Profit, IRC §501(c) (88)  
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

• Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Address

11419 Sunset Hills Road

Address continued

City

Reston

State

VA

Zip code

20190

• Remit to Address

☒ Same as Main

DBA/Branch/Location

Address

Address continued

City

State

Zip code

Contact Information

Name

Tom McGraw

Phone #

(804) 357 7739

EXT

Fax

(703) 251 8240

email

tommcgraw@maximus.com

• Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
  - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
  - I am a U.S. person (including U.S. resident alien).
- Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup.**

Signature



Title

President, Financial Services Division

Current Date

5/25/06

STATE OF ARIZONA **AGENCY** USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Print Name

Date

STATE OF ARIZONA **GAO** USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching☐ Corporation Commission☐ HRIS☐ Other☐ Other

Vendor Number

MC

Processed by

Date Processed